1 2 Case Number: 3 5 6 7 8 9 CERTIFICATE OF FUNDS 10 IN 11 PRISONER'S ACCOUN 7.5126 12 I certify that attached hereto is a true and correct copy of the prisoner's trust account 13 statement showing transactions of ______ for the last six months at 14 15 [prisoner name] 16 where (s)he is confined. 17 [name of institution] I further certify that the average deposits each month to this prisoner's account for the most 18 recent 6-month period were \$ _____ and the average balance in the prisoner's account 19 each month for the most recent 6-month period was \$_____. 20 21 22 Dated: 23 [Authorized officer of the institution] 24 25 26 27 28

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	nt prior to imprisonment.)	
N/A	NEVER Employeed.	
	ve you received, within the past twelve (12)	months, any money from any of the fol
sources:		•
a.	Business, Profession or	Yes No <u> </u>
	self employment	,
b.	Income from stocks, bonds,	Yes No
	or royalties?	,
c.	Rent payments? •	Yes No
d.	Pensions, annuities, or	Yes No
	life insurance payments?	
e.	Federal or State welfare payments,	Yes No
	Social Security or other govern-	
	ment source?	
If the answe	r is "yes" to any of the above, describe each	n source of money and state the amount
received fro		
-		
	and the second s	
3. Are	you married?	Yes No
Spouse's Ful	l Name:	
	ce of Employment:	
	nthly Salary, Wages or Income:	
	Net \$	·
	List amount you contribute to your spor	
b,		who are dependent upon you for suppo

	and indicate how much you contribute toward their support. (NOTE: For minor		
	children, list only their initials and ages. DO NOT INCLUDE THEIR NAME		
,	3		
2			
	res No V		
6	Amount of Morgage, 5		
7	Yes No V		
8	I cai Ivlode!		
9	11 so, Total due: \$		
10			
11	7. Do you have a bank account? Yes No (Do not include account numbers.)		
12	Name(s) and address(es) of bank:		
13			
14	Present balance(s): \$		
15	Do you own any cash? Yes No Amount: \$		
16	Do you have any other assets? (If "yes," provide a description of each asset and its estimated		
17	market value.) Yes No		
18			
19	8. What are your monthly expenses?		
20	Rent: \$ Utilities: JA		
21	Food: \$ Clothing: 1/A		
22	Charge Accounts:		
23	Name of Account Monthly Payment Total Owed on This Acct.		
24	N/A \$ N/A \$ N/A		
25	\$ \$		
26	\$\$\$		
27	9. Do you have any other debts? (List current obligations, indicating amounts and to whom		
28	they are payable. Do <u>not</u> include account numbers.) PRIS. APPLIC. TO PROC. IN FORMA		
	PAUPERIS, Case No		

Does the complaint which you are seeking to file raise claims that have been presented in 10. other lawsuits? Yes ___ No ___ Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court. I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims. SIGNATURE OF APPLICANT PRIS. APPLIC. TO PROC. IN FORMA PAUPERIS, Case No.____ - 4 -

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